Medica Coverage Policy

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica plans. Please refer to the member’s plan document for specific coverage information. If there is a difference between this general information and the member’s plan document, the member’s plan document will be used to determine coverage. With respect to Medicare and Minnesota Health Care Programs, this policy will apply unless those programs require different coverage. Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Medica coverage policy may call the Medica Provider Service Center toll-free at 1-800-458-5512.

Medica coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care and treatment.

Coverage Policy

Implanted peripheral nerve stimulators for the treatment of pain are considered investigative and unproven and therefore NOT COVERED. There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the efficacy or effects on health care outcomes.

Note: See also related Medica coverage policies: Interferential Current Stimulation, Percutaneous Neuromodulation Therapy (PNT) for the Treatment of Pain, Scrambler Pain Therapy, and Transcutaneous Electrical Joint Stimulation Devices.

Description

Implanted peripheral nerve stimulation, also referred to as peripheral neuromodulation therapy, uses implanted electrode leads to deliver peripheral neurostimulation (PNS) to affected nerves for the relief of chronic pain of peripheral nerve origin. Two devices that are available for use are the StimRouter NeuroModulation System and the SPRINT PNS System. StimRouter is intended for long-term implantation and is indicated for adjunctive pain management in adults with severe intractable chronic pain. SPRINT is indicated for up to 60 days of use in the treatment of pain in the back and/or extremities for symptomatic relief of chronic, intractable, acute post-surgical and post-traumatic pain. Neither device is intended for the treatment of pain in the craniofacial region.

FDA Approval

Peripheral nerve stimulators are subject to FDA approval. The following devices have received FDA 510(k) marketing clearance:

- The StimRouter NeuroModulation System (Bioness, Inc.): FDA approved in February 2015.
- The SPRINT PNS System (SPR Therapeutics, LLC): FDA approved in March 2017, based on the predicate device, SmartPatch.

Prior Authorization

Prior authorization is not applicable. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.
Coding Considerations
Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT Codes
- **64555** - Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)
- **64575** - Incision for implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)
- **64585** - Revision or removal of peripheral neurostimulator electrode array

Original Effective Date: 8/17/2020

Re-Review Date(s):